## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48							
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼							
Congressional Leadership Fund	C C00504530							
	M = M / D = D / Y = Y = Y							
Check if 24-hour report 48-hour report New report Amends report filed on								
Full Name of Payee SRCP Media	Date of Public Distribution/Dissemination							
	10 19 2016							
Mailing Address 201 N Union St.	Amount							
Suite 200 City State Zip Code	19783.00							
City State Zip Code  Alexandria VA 22314	Transaction ID : 001							
Purpose of Expanditure	Date of Disbursement or Obligation							
Media production  Category/ Type  004	10 19 2016							
Name of Federal Candidate Support Offi	ice Sought:   House District: 02							
Heinz, Matt, , ,	President Senate State: AZ							
Calendar Year-To-Date Per Election for Office Sought  Dis 201								
Full Name of Payee	Other (specify) ▶  Date of Public Distribution/Dissemination							
American Media & Advocacy Group	Date of Public Distribution/Dissemination  10 19 2016							
Mailing Address 815 Slaters Lane	Amount							
City State Zip Code	552567.60							
Alexandria VA 22314	Transaction ID : 002 Date of Disbursement or Obligation							
Purpose of Expenditure Media placement  Category/ Type  004	10 18 2016							
Name of Federal Candidate Support Offi	ice Sought:    House District: 02							
Heinz, Matt, , ,	President Senate State: AZ							
Calendar Year-To-Date Per Election for Office Sought  Dis 20	bursement For: Primary   General  Other (specify)   Other (specify)							
(a) SUBTOTAL of Itemized Independent Expenditures	572350.60							
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
[Electronically Filed] Date	10 21 2016							
Signature								

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule	e E)	IVI EXI END	ITOTILO			PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF	COMMITTEE (In Full)				FFC ID	ENTIFICATION NUMBER ▼
Congre	ssional Leadership Fund					C00504530
Check if	24-hour report 🗶 48-hour report	<b>✗</b> New rep	ort Amends re	port filed on	M = M /	D = D / Y = Y = Y
	me of Payee n Digital	<u>′</u>		Da	M = M /	Distribution/Dissemination
Mailing	Address P.O. Box 21892			Ar	10 mount	19 2016
City	ston	State SC	Zip Code 29413	Tr	ansaction I	42000.00 D : <b>003</b>
	e of Expenditure placement		Category/ Type 00		ate of Disbu	rsement or Obligation 18 2016
Name o	of Federal Candidate		Support	Office So	ught:	House District: 02
Heinz,	Matt, , ,		X Oppose		esident	Senate State: AZ
	lendar Year-To-Date r Election for Office Sought	7 7	614350.60	Disburser 2016	ment For: Other (sp	Primary <b>x</b> General ecify) ▶
Full Na	me of Payee			Da	ate of Public	Distribution/Dissemination
Mailing	Address			Ar	mount	
City		State	Zip Code			
Purpos	e of Expenditure		Category/ Type	Da	ate of Disbu	rrsement or Obligation
Name (	of Federal Candidate		Support Oppose	Office Sc	ought:	House District:
	alendar Year-To-Date or Election for Office Sought	7		Disburse	ment For:	Primary General
(a) SUB	TOTAL of Itemized Independent Expenditu	ıres		}		42000.00
(b) SUB	TOTAL of Unitemized Independent Expendent	ditures		···· •		
(c) TOTA	AL Independent Expenditures			····· <b>•</b>	7	614350.60
with, or a	enalty of perjury I certify that the indepen- at the request or suggestion of, any candi- nmittee) any political party committee or it	date or authorized				
Signa	Crosby, Caleb, , ,	[Electron	ically Filed] De	ate 10	21	2016